

APR 14 2004

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U.S. Patent Application No. 09/580,462

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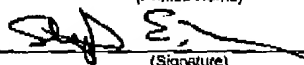
APR 14 2004

Atty. Dkt. No. SALK1590-3
(088802-2454)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OFFICIAL

Applicant: Heinemann et al.
Title: NEURONAL NICOTINIC
ACETYLCHOLINE RECEPTOR
COMPOSITIONS
Appl. No.: 09/580,462
Filing Date: 05/26/2000
Examiner: J. Ulm
Art Unit: 1646

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. <u>Stephen E. Reiter</u> (Printed Name)  (Signature) <u>April 14, 2004</u> (Date of Deposit)
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**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated November 14, 2003, and the Advisory Action dated April 7, 2004, of the Examiner finally rejecting Claims 7 and 34-44.

☐ Applicant claims small entity status.

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

Applicants: Heinemann et al.
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Atty. Dkt. No. SALK1590-3
(088802-2454)

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$330.00
<input checked="" type="checkbox"/>	Extension for response filed within the second month:	\$420.00
<input checked="" type="checkbox"/>	Extension Already Obtained for first month:	-(\$110.00)
	FEE TOTAL:	\$640.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):	\$0.00
	TOTAL FEE:	\$640.00


- ☒ Please charge Deposit Account No. 50-0872 in the amount of \$640.00 . A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$ _____ is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: April 14, 2004

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By 

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